ALZHEIMER'S / DEMENTIA SPECIAL CARE UNIT
State Form 48896 (12-98) / BAIS 0005

To comply with Indiana Code 12-10-5.5, this disclosure form must be returned in December of each year and should include data current as of December 1.

Complete the attached Alzheimer's / Dementia Special Care Unit Disclosure form. Facilities with more than one Alzheimer's / Dementia Special Care Unit should complete a separate form for each program / unit in order to convey complete information about each program / unit. If all Special Care Units are identical - complete one form. Please limit your responses to the spaces provided. **Do not include attachments. FAX copies will NOT be accepted.** Mail form(s) to:

> MS21
> Attention: Alzheimer's / Dementia Special Care Disclosure
> Division of Disability, Aging and Rehabilitative Services
> 402 West Washington Street, Room W-454
> Indianapolis, IN 46204

Questions may be directed to (317) 232-7020 or 1-800-545-7763.

Please remove this cover sheet before mailing.

ALZHEIMER'S / DEMENTIA SPECIAL CARE UNIT

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Name of facility	Check one: ☐ For Profit ☐ Non Profit

Name / Title of contact person completing form	Telephone number

Address (*number and street, city, state, ZIP code*)

FAX number	E-mail address	County

Date (*month, day, year*)	Name of owner

Name of Alzheimer's / Dementia Special Care Program / Unit:	Total Number of Beds in Program / Unit	Number of Medicaid Certified Beds

Number of beds in balance of facility:		
Grand total number of beds in facility:		

If you have more than one Alzheimer's / Dementia Special Care Program / Unit, have you submitted additional disclosure forms? ☐ Yes ☐ No	Total number of disclosure forms submitted:

Does the Joint Commission on the Accreditation of Health Care Organizations (JCAHCO) accredit the program / unit? ☐ Yes ☐ No

1. Mission / Philosophy

Does the Alzheimer's / Dementia Special Care Program / Unit have a mission or philosophy statement concerning the needs of residents with Alzheimer's disease, a related disorder, or dementia? ☐ Yes ☐ No   If yes, please write the statement here:

2. Process and Criteria for Admission, Transfer, and Discharge

Process	Admission		Transfer		Discharge	
	Yes	No	Yes	No	Yes	No
Does the program / unit have a formal written process for:						
If yes, does the process include:						
Physician's evaluation / diagnosis						
Staff evaluation						
Psychiatric evaluation / diagnosis						
Family conference						
Appeal procedure						
Other - specify:						

Criteria / Factor which may:	Prevent Admission		Cause Transfer		Cause Discharge	
	Yes	No	Yes	No	Yes	No
Needs skilled nursing care						
Needs care for a medical condition						
Incontinence						
Inability to toilet						
Non ambulatory						
Inability to walk /bedfast						
Must be fed						
Inability to eat / feeding tube						
Other diminished functional abilities						
Combative / Aggressive behavior						
Psychotic behavior						
Sexually inappropriate behavior						
Other unprovoked behavioral issues						
Doesn't have a guardian						
No durable power of attorney						
Inability to pay						
Other - specify:						

3. Plan of Care

Does the care planning process for the Alzheimer's / dementia care program / unit differ form other programs / units of the facility?
☐ Yes ☐ No If yes, how? _____

How frequently are care plans reviewed / revised?
☐ Monthly ☐ Quarterly ☐ As Needed ☐ Other

Question:	Check one:	Yes	No
Does the care planning team include a variety of professionals with skills in medical and nursing, as well as in behavioral, emotional, and social needs?			
Do care plans include personal histories prior to dementia, such as skills, occupations, interests, hobbies, cultural / spiritual history, and daily routine?			
Are family members invited to care-planning meetings?			
If yes, are care-planning meetings scheduled to accommodate family members' schedules?			
Are family members encouraged to offer suggestions?			
Are family members' suggestions included in the final care plan when appropriate?			

4. Staffing Patterns

**Please specify the ratio of direct care staff to patients for each shift.
If you don't use ratios, you may enter NA.**

	Day / Morning	Afternoon / Evening	Night
Program / unit			
Balance of facility			

Please specify the resident census and number of full time equivalent (FTE*) direct care staff for each shift of the dementia care program / unit:

Resident census # =

Number of Staff	Day / Morning	Afternoon / Evening	Night
Licensed practical nurse, LPN			
Registered nurse, RN			
Certified Nursing Assistant, CNA			
Qualified Medications Assistant, QMA			
Activity Director / Staff			
Social Worker			
Other - specify:			
Total			

* Please assume 1 FTE = 8 hours; .5 FTE = 4 hours; .25 FTE = 2 hours

Are the same staff consistently assigned to the program / unit, rather than rotated?
☐ Yes ☐ No

How is staff selected to work on the program / unit?

What is the title and educational background of the program / unit director?

What is the specialty and board certification of the medical director?

Special Requirements for Initial Training and Continuing Education

Does the staff of the program / unit receive Alzheimer's / dementia-specific training beyond the training received by the staff of other program / units? ☐ Yes ☐ No	Initial Training? ☐ Yes ☐ No	Continuing Education? ☐ Yes ☐ No

If yes, please specify the type and amount of Alzheimer's / dementia-specific initial training and continuing education required / provided for the program / unit staff.

Type of Training Required or Provided	Number of Hours (*fill in number*)		Training for (*check one*)	
	Initial Training	Cont. Educ. Per Year	All Staff	Direct Care Staff only
Alzheimer's disease, dementia, stages of disease				
Physical, cognitive, and behavioral manifestations				
Medications and side effects				
Creating an appropriate and safe environment				
Techniques for dealing with problem behaviors				
Techniques for communicating				
Using activities to improve quality of life				
Assisting with personal care and daily living				
Nutrition and eating / feeding issues				
Techniques for supporting family members				
Managing stress and avoiding burnout				
Other - specify:				
Total				

5. Unit Design Features

Unit Design Features	Check one:	Yes	No
Is the Alzheimer's / dementia care program in a separate unit(s)?			
If yes, is the unit newly constructed (*versus renovated or adapted*)?			
Is the unit locked?			
Does the unit provide special safety / security features?			
Is there a safe / secure outdoor area where residents can easily go without direct supervision if they wish?			
Do residents have supervised access to the outdoors?			
Are residents' rooms clearly identified by personal wayfinding cues?			
Are residents encouraged to personalize private space with pictures, furniture, etc.?			
Does the unit use multiple sensory cues - things to see, smell, hear, touch, and taste - to assist in wayfinding and orientation?			
Does the environment provide space for familiar activities such as cooking, cleaning, yard work, and gardening?			
Does the unit have a kitchenette accessible to residents?			
Are animals present on the unit?			
Other - specify:			
Other - specify:			

6. Frequency and Types of Activities for Residents

Question	Check one:	Yes	No
Is an activity director available to coordinate activities for the Alzheimer's / dementia care program / unit?			
Does the Alzheimer's / dementia care program / unit have activity staff dedicated exclusively to that program / unit?			

If yes, specify the number of hours and days of the week that the unit is staffed for activities:

Specify number of hours	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Are activities provided 24 hours a day for residents who need them?
☐ Yes ☐ No

Which of the following therapeutic methods are used in the program / unit?

	Check one:	Yes	No		Check one:	Yes	No
Art therapy				Massage			
Exercise				Pet therapy			
Recreational therapy				Reminiscence therapy			
Music therapy				Other:			
Other:							

7. Family Support

Question	Check one:	Yes	No
Does the program / unit have an Alzheimer's / dementia support group for family members?			
Does the program / unit refer family members to another organization's Alzheimer's / dementia support group?			
Does the program / unit have a family council?			
Are family members given written criteria for admission, transfer, and discharge?			
Are family members informed of procedures for registering, resolving, and appealing any complaints?			
Are end of life issues discussed with family members at the time of admission?			
Other - specify:			

8. Guidelines for Use of Physical and Chemical Restraints

Question	Check one:	Yes	No
Are written guidelines on the use of physical and chemical restraints available to consumers?			
Are the guidelines for using these restraints in the dementia program / unit different from other programs / units of the facility?			
Have state or federal officials cited the care program / unit or facility during the past twelve month for inappropriate use of physical or chemical restraints?			
If yes, has this been corrected?			

9. Itemization of Fees and Charges

Does the program / unit have an entrance fee for admission in addition to the base daily or monthly rate? If yes, please specify fee:
☐ Yes ☐ No

Please specify the base daily rate for program / unit of the facility on December 1:

Program / unit	Private Base Daily Rate:
Dementia care program / unit	$

Please list any supplementary or optional services / fees not included in the base daily rate:

10. Other

Please describe any other features, services, or characteristics that distinguish this facility's program / unit from other facilities:

Consumers seeking additional information should contact:

Name

Address (*number and street, city, state, ZIP code*)

Telephone number

FAX number

E-mail address

Verified by (*signature*)

Name (*printed*)

Title

Date (*month, day, year*)

Please return on or before December 31st to: MS21; Attention Alzheimer's / Dementia Special Care Disclosure; Division of Disability, Aging, and Rehabilitative Services; 402 West Washington Street, Room W-454, Indianapolis, Indiana 46204

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